

<input type="checkbox"/> JUVENILE INVOLVED	UNIFORM ARREST/BOOKING FORM					Arrest# <u>05-034059</u>	Beat# <u>02</u>		
BILOXI <input checked="" type="checkbox"/>		GULFPORT <input type="checkbox"/>		LONG BEACH <input type="checkbox"/>		PASS CHRISTIAN <input type="checkbox"/>			
D'IBERVILLE <input type="checkbox"/>		HARRISON COUNTY <input type="checkbox"/>		OTHER <input type="checkbox"/>		S4937519			
Full Name of Person Arrested (Last, First, Middle) <u>ALVIN DHR ONLY</u>									
Address of Defendant <u>156 Alexander Bldvi, MS 39530</u>		Street / House Number	City / State		Home Telephone Number <input type="checkbox"/> None ( )				
DL State <u>MS</u>	DL Number <u>059819720</u>	<input type="checkbox"/> None	<input type="checkbox"/> Expired	<input type="checkbox"/> Suspended	DL Type <input checked="" type="checkbox"/> Operations <input type="checkbox"/> Commercial	DL Expiration Date			
Occupation and Employer <input checked="" type="checkbox"/> Unemployed					Social Security Number <input type="checkbox"/> Same as DL				
Age <u>54</u>	Sex <u>M</u>	Race <u>B</u>	Height <u>603</u>	Weight <u>170</u>	Hair <u>BLK</u>	Eyes <u>BIG</u>	Scars, Birth Marks, Tatoos, Amputations <u>—</u>		
Date of Birth <u>07/08/51</u>	Place of Birth (City & State) <u>Albany, GA</u>			Contact in Event of Emergency			Relationship		
Contact's Address <u>—</u>		Street / House Number	City / State		Home Telephone Number <input type="checkbox"/> None ( )		Business Telephone Number <input type="checkbox"/> None ( )		
Date of Arrest	Day of Arrest S M Tu W Th Fr Sa	Time of Arrest	Location of Arrest				PLEA	COURT CLERK USE ONLY Disposition	
Charge / Offense <u>Riding Bike ab Light</u>			Date of Offense	Court Date / Time		Bond Amount <u>80.00</u>			
Charge / Offense <u>Posn Marijuana</u>			Date of Offense	Court Date / Time		Bond Amount <u>153.00</u>			
Charge / Offense <u>Public Drunk</u>			Date of Offense	Court Date / Time		Bond Amount <u>98.00</u>			
Charge / Offense <u>DC Product - Property</u>			Date of Offense	Court Date / Time		Bond Amount <u>100.00</u>			
Charge / Offense <u>—</u>			Date of Offense	Court Date / Time		Bond Amount			
C S <input type="checkbox"/> Released - NO Charge <input type="checkbox"/> County Jail U T <input type="checkbox"/> Released - Summons <input type="checkbox"/> Juvenile Shelter S A <input type="checkbox"/> Pre-Trial Release <input type="checkbox"/> Juvenile Detention T T <input type="checkbox"/> Bond Company D U <input type="checkbox"/> Cash Bail Receipt # y			Family Court <input checked="" type="checkbox"/> Municipal Court 1st 2nd Judicial <input type="checkbox"/> <input type="checkbox"/> Justice <input type="checkbox"/> <input type="checkbox"/> Circuit <input type="checkbox"/> <input type="checkbox"/> Chancery <input type="checkbox"/> <input type="checkbox"/>		Check All Items That Apply <input type="checkbox"/> Drinking <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Drunk <input checked="" type="checkbox"/> Resistive <input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/> Belligerent		Bond Authorized By Judge _____ HCSO _____ Municipal Court _____	Total Bond <u>739.00</u>	
Arresting Officer (ID # and Name) <u>180 Manning</u>			Assisting Officer(s) (ID # and Name) <u>—</u>				Transporting Officer (ID # and Name) <u>180 Manning</u>		
How was Arrest Made? <input type="checkbox"/> On View <input type="checkbox"/> On Call <input type="checkbox"/> Warrant			Other Persons Arrested for Same Offense <input type="checkbox"/> None 1. _____ 2. _____						
Judge Date of Warrant			Telephone Call <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused # Called: _____				Detective Notified <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____		
Officer Fingerprinting & Photographing			Property Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Call <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused # Called: _____		Detective Notified <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____		
Individual Armed <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon: By			Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hold Placed On Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Authorized By _____		Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____		
Defendants Rights Given By _____ Date _____ Time _____ Place _____			Witness(es) _____						<input type="checkbox"/> Verbal <input type="checkbox"/> Form
Detention Date/Time <u>100405</u>		Officer (# & Name) <u>—</u>			Property _____		Phone Call Made <input type="checkbox"/> Yes <input type="checkbox"/> No # Called: _____		Court Clerk Use Only Docket #: <u>277592</u>
Facility					Cell _____		Fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No Mug Shot Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Line # _____ Book #: _____ DOC: _____
Adult Detention <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Shelter <input type="checkbox"/>									Page # _____
Release Date/Time <u>100405</u>		Officer (# & Name) <u>—</u>		Release Status (Bond or Time Served, Etc.) <u>2:1</u>		Sheriffs Receipt # <u>012 96 Henry</u>		Agency _____	
NCIC- <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit <u>—</u>		NCIC# _____		Charges _____				Case Supervisor _____	
DOC <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit <u>—</u>		<input type="checkbox"/> Probation <input type="checkbox"/> Parole		County _____		Offense _____		Case Number _____	
Old Fines <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit <u>—</u>		Amount _____		Total Days Given _____		Docket Number _____		Case Number _____	
Juvenile-Parent or Guardian Name _____			Address _____ Street / House Number _____				City / State _____		Telephone # _____
Contacted By _____									
What Prompted Arrest _____									

Exhibit  
1

## HARRISON COUNTY SHERIFF'S DEPARTMENT

GEORGE PAYNE, SHERIFF

<input type="checkbox"/> Juvenile Involved	Harrison County Sheriff's Office NARRATIVE FORM		Case #
<input checked="" type="checkbox"/> Original Report	Incident/Crime: Combative Detainee	Date of This Report 10/04/05	Date of Original Report 10/04/05
<input type="checkbox"/> Offense Supplement	Suspect / Victim Name: Alkhidhr, Only	List Complaint Numbers of Connected Cases Docket:	
<input type="checkbox"/> Custody Supplement			
<input type="checkbox"/> RVR Supplement			

On October 4<sup>th</sup>, 2005 at about 0415 hours, Biloxi Police Officer Manning brought detainee Only Alkhidhr into booking to be processed on several misdemeanor charges. Detainee Alkhidhr appeared to be resistive and belligerent towards Officer Manning, but seemed to be cooperative towards Booking Deputies. Deputy Windham performed a pat-down search of detainee Alkhidhr, and then led him with Deputy Thompson to the booking shower to be dressed out. Upon entering the shower, detainee Alkhidhr fell to the floor. Deputy Thompson ordered detainee Alkhidhr to stand up and remove his clothing. Detainee Alkhidhr refused, and simply sat in an upright position on the floor. Deputy Thompson again ordered detainee Alkhidhr to stand up. Detainee Alkhidhr told Deputy Thompson, "No, you get me up". As Deputy Thompson began to order detainee Alkhidhr to stand up again, he reached out and grabbed Deputy Thompson's inner upper thigh. Deputy Thompson then struck detainee Alkhidhr in the Brachial Plexus Origin. Detainee

Alkhidhr then pushed Deputy Thompson back, and stood to his feet. Detainee Alkhidhr took a low stance fighting style posture, and grabbed Deputy Thompson's left arm. Deputy Thompson then struck detainee Alkhidhr two times in the Brachial Plexus Origin. Detainee Alkhidhr then spun around and fell into the booking shower control handle while still holding on to Deputy Thompson's arm, which pulled Deputy Thompson down on top of him. At this point Deputy Moore administered an approximate one second burst of oleoresin capsicum to detainee Alkhidhr's facial region, which had no effect. Detainee Alkhidhr continued to struggle in an effort to gain control over Deputy Thompson by attempting to rise on all fours to throw Deputy Thompson off of him. Deputy Thompson continued to gain control over detainee Alkhidhr's arms as Deputy Moore struck detainee Alkhidhr in the common peroneal nerve. Detainee Alkhidhr then lay flat on the floor, and was secured in handcuffs. Detainee Alkhidhr was screened by medical and treated for injuries. Detainee Alkhidhr then cooperated and dressed himself out in county clothing and was placed in holding cell five without further incident. End of

Narrative

**DISPOSITION**

- A. Cleared Adult Arrest
- B. Cleared Exceptional Adult
- C. Cleared Juvenile Custody
- D. Cleared Exceptional Juvenile
- E. Unfounded
- F. Other-Cleared Exceptional
- G. Suspended Closed

Reporting Officer:  No: 186 Name: Moore	Division: HCADC-Booking	Reviewing Supervisor No: Name:	Disposition Date
---	-------------------------	-----------------------------------	------------------

**Harrison County Adult Detention Center**  
**George Payne, Sheriff**  
**Use of Force Report**

Pressure Point Control Target Areas	Chemical Spray Target Area																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Effects of Chemical Spray</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">26) Was Spray Effective?</td> <td style="width: 50%;">Were Further Control Methods Needed?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Number of Times Sprayed:</td> <td>Approximate distance from subject:</td> </tr> <tr> <td>01</td> <td>3 FT</td> </tr> <tr> <td>Eyes:</td> <td>Skin:</td> </tr> <tr> <td><input type="checkbox"/> closure <input type="checkbox"/> tears <input checked="" type="checkbox"/> No effect</td> <td><input type="checkbox"/> Redness <input type="checkbox"/> Burning <input checked="" type="checkbox"/> No effect</td> </tr> <tr> <td>Nose:</td> <td>Chest:</td> </tr> <tr> <td><input type="checkbox"/> Discharge <input type="checkbox"/> Irritation <input checked="" type="checkbox"/> No effect</td> <td><input type="checkbox"/> Coughing <input type="checkbox"/> Labored Breathing</td> </tr> <tr> <td>O.C. Spray administrative warning?</td> <td>Decontamination:</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time: 4:30</td> <td>Start Time: 4:25</td> </tr> <tr> <td></td> <td>End Time: 4:30</td> </tr> </tbody> </table>		Effects of Chemical Spray		26) Was Spray Effective?	Were Further Control Methods Needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Times Sprayed:	Approximate distance from subject:	01	3 FT	Eyes:	Skin:	<input type="checkbox"/> closure <input type="checkbox"/> tears <input checked="" type="checkbox"/> No effect	<input type="checkbox"/> Redness <input type="checkbox"/> Burning <input checked="" type="checkbox"/> No effect	Nose:	Chest:	<input type="checkbox"/> Discharge <input type="checkbox"/> Irritation <input checked="" type="checkbox"/> No effect	<input type="checkbox"/> Coughing <input type="checkbox"/> Labored Breathing	O.C. Spray administrative warning?	Decontamination:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time: 4:30	Start Time: 4:25		End Time: 4:30
Effects of Chemical Spray																									
26) Was Spray Effective?	Were Further Control Methods Needed?																								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Number of Times Sprayed:	Approximate distance from subject:																								
01	3 FT																								
Eyes:	Skin:																								
<input type="checkbox"/> closure <input type="checkbox"/> tears <input checked="" type="checkbox"/> No effect	<input type="checkbox"/> Redness <input type="checkbox"/> Burning <input checked="" type="checkbox"/> No effect																								
Nose:	Chest:																								
<input type="checkbox"/> Discharge <input type="checkbox"/> Irritation <input checked="" type="checkbox"/> No effect	<input type="checkbox"/> Coughing <input type="checkbox"/> Labored Breathing																								
O.C. Spray administrative warning?	Decontamination:																								
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time: 4:30	Start Time: 4:25																								
	End Time: 4:30																								
<p>P.P. ---Pressure point      HEH—Hard empty hand      I.W. ---Impact Weapon</p> <p>Variables affecting levels of control      1. Officer / subject size and gender      2. Environmental conditions and totality of circumstances      3. Reaction time</p>																									
This section to be completed by Medical staff only!																									
27) Injuries Sustained by officer: <input type="checkbox"/> yes <input checked="" type="checkbox"/> No Explain:																									
28) Injuries Sustained by Inmate: <input checked="" type="checkbox"/> yes <input type="checkbox"/> No Explain: <i>bloody nose, skin tear to bridge of nose, contusion to (R) eye &amp; between eyes</i>																									
29) Location of Examination: <i>Booking Shower</i> 30) Examined by: <i>LLM, Causse</i> Badge #: _____ Time of Examination: <i>0415</i>																									
31) Medical treatment administered: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: <i>Cleansed in NS &amp; 4x4s, pressure applied to nose</i>																									
32) Signature of Physician:																									
33) Narrative: _____ _____ _____ _____ _____																									
34) Inmate Classification: <input type="checkbox"/> Juvenile <input type="checkbox"/> Minimum security <input type="checkbox"/> Medium <input type="checkbox"/> Maximum security <input type="checkbox"/> Inmate worker																									
35) Reviewing Shift Lieutenant No. _____ Name: _____ Division: _____																									
36) Disposition: <input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Under review																									

# Booking Intake Medical Questionnaire

## Officer Observations

1. Obvious pain / bleeding / injury requiring medical treatment / illness Yes /  No
2. Taken to hospital prior to intake Yes /  No
3. Appears under the influence of alcohol / drugs Yes /  No
4. Visible sign of alcohol / drug withdrawal Yes /  No
5. Difficulty understanding questions or spoken language Yes /  No
6. Experiencing / demonstrating / exhibiting signs of anger - hostility - depression - disorientation - lifeless reaction - hearing voices Yes /  No
7. Have scars on wrists - legs - neck (possibly self - inflicted) Yes /  No

Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No

## Inmate Questions

1. Have you ever had TB/Seizures/Diabetes/Hypertension/Heart Disease/Cancer/Asthma Yes /  No
2. Physical disability Yes /  No
3. Mental health problem Yes /  No
4. Allergies Yes /  No
5. Suicidal ideas or attempted suicide Yes /  No
6. Prescriptions or medications with inmate Yes /  No

Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No   
 Yes /  No

**PLEASE CALL MEDICAL IF ANY OF THE ABOVE ANSWERS ARE "YES"**

Date: 100405

Inmate Name (print): Alkhader only

Inmate Signature: AD-F

Officer Signature: WT Badge # 226

*This form is to be stapled to the current printed booking screen for pickup by medical*

HEALTH ASSURANCE LLC

*CONSENT TO TREATMENT FORM*

Alphiehov, Only  
NAME OF INMATE

10-4-05  
DATE

277592- 9-9- 51  
INMATE #/DOB

I hereby give my consent to Health Assurance LLC, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Health Assurance LLC.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Health Assurance LLC, its employees and agents from any and all liability which may arise from this action.

Alphiehov  
INMATE SIGNATURE

10-4-05  
DATE

Donda Pleasant  
WITNESS

WITNESS

# HEALTH ASSURANCE LTD.

## PROBLEM LIST

NAME: Alkhidhr, Only

ID# 277592

D.O.B. 9-9-51

ALLERGIES NKA

DATE IDENTIFIED	CHRONIC (LONG-TERM) PROBLEMS ROMAN NUMERALS FOR MEDICAL/SURGICAL CAPITAL LETTERS FOR PSYCHIATRIC/BEHAVIORAL	DATE RESOLVED	HEALTH CARE PRACTITIONER INITIALS
10-4-05	Contusion (R eye)		
10-4-05	Contusion between eyes		

MASTER PROBLEM LIST

I BLOOD BORNE DISEASE PATHOGEN

PLAN (1) SCREENING HIV AND RPR ON ALL INMATES.  
(2) TX ACCORDING TO CDC RECOMMENDATION IF INDICATED

II HIGH RISK FOR TB

PLAN (1) TB SKIN TEST AT ADMISSION AND ANNUALLY

III UPPER RESPIRATORY INFECTION

PLAN (1) ASSESS BY MD ON SICK CALL  
(2) INCREASE FLUIDS  
(3) TYLENOL OR IBUPROFEN FOR HIGH TEMP  
(4) ROBITUSSIN DM 1 OR 2 TEASPOON 4-6 HRS FOR COUGH  
(5) OTHER NEEDS AS ORDERED BY MD

IV ATHLETES FOOT FUNGUS

PLAN (1) ANTIFUNGAL CREAM TO FEET BID X 14 DAYS

V TINEA VERSICOLOR

PLAN (1) SELSIUM LOTION TO SKIN DAILY X 14 DAYS

MENTAL ILLNESS: (A) DEPRESSION (B) SCHIZOPHRENIA (C) MANIA AND (D) SUICIDAL

PLAN (1) CONSULT STAFF PSYCHOLOGIST FOR EVAL  
(2) ISOLATE AND SUICIDE PRECAUTIONS IF INDICATED  
(3) MEDICATIONS AS ORDERED BY MD

1. DIABETES MELLITUS

PLAN (1) ASSESS BY MD IN SICK CALL  
(2) 2600 CALORIES ADA DIET  
IF IDDM OR 1800 CALORIES ADA DIET IF NIDDM  
(3) IF IDDM, FBS EVERY MORNING AND AT 4:00 PM,  
FBS EVERY MONTH IF STABLE FOR NIDDM  
(4) MEDS AS ORDERED BY MD

2. HYPERTENSION

PLAN (1) BP CHECKS EVERY WEEK  
(2) MEDS AS ORDERED BY MD  
(3) LOW SODIUM DIET IF ORDERED BY MD

3. SEIZURE

4. HIV

5. ASTHMATIC

6. TB

Last Name _____	First _____	Middle Initial _____	AIS # _____
Date _____	Allergies _____	Facility _____	
SIG.		Discontinue	
		Continue	
		Increase	
		Decrease	
Physician Signature: _____			

N

Last Name _____	First _____	Middle Initial _____	AIS # _____
Date _____	Allergies _____	Facility _____	
SIG.		Discontinue	
		Continue	
		Increase	
		Decrease	
Physician Signature: _____			

N

Last Name _____	First _____	Middle Initial _____	AIS # _____
Date _____	Allergies _____	Facility _____	
SIG.		Discontinue	
		Continue	
		Increase	
		Decrease	
Physician Signature: _____			

N

Last Name _____	First _____	Middle Initial _____	AIS # _____
Date _____	Allergies _____	Facility _____	
SIG.		Discontinue	
10. Send to MHC for Eval & ty. (✓ abdomen)		Continue	
		Increase	
		Decrease	
Physician Signature: _____			

N

HEALTH ASSURANCE LLC

## NURSES NOTES

DATE	TIME	
10-4-05	0420	Assessed in booking. I/m lying on shower room floor, unable to answer any question appropriately, speech slurred, smells of alcohol, stated he "smoked some dope" to officers earlies. Skin tear to bridge of nose, bloody nose, contusion to R eye & between eyes; cleansed face & NS + 444s. Applied pressure to nose, bleeding stopped. Stumbling while walking to holding cell, unable to sit upright in cell, leaning against wall/window, yelling (2 officers). Will assess prn. M/D called
	10:30	Seen in booking. Gross swelling noted on forehead, and in peri-orbital region. Bridge of nose noted a laceration and edema. Lower lip is swollen. Lumen c/o N/V. Spitting up blood tinged sputum. Still very intubated. C/o abd. pain. M.D. notified T.O. Send to MDC ER for eval/ttx.
	10:40	Transport notified. <i>B. Pleasant</i> <i>B. Pleasant</i>

INITIAL SIGNATURE

INITIAL SIGNATURE

INITIAL SIGNATURE

*B. Pleasant*

NAME LAST

Alkhidhr, Only

FIRST

MIDDLE

ALLERGIES *NKA*INMATE # *277582*